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04737 7500 12/19/2006
PHILIPS INTELLECTUAL PROPERTY & STANDARDS
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APPLICATION NO	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO	COMPLETION NO
10/523,389	02/01/2005	Kevin Robert Boyle	NL 020710	3902

TITLE OF INVENTION: ANTENNA DIVERSITY SYSTEM AND METHOD FOR OPERATING SAID SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEES DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	03/19/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
MOE, AUNG SOE	2618	455-101600

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.553). <input type="checkbox"/> Change of correspondence address or Change of Correspondence Address letter PTO/SB-1122 attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" indication form PTO/SB-47, Rev. 02-02, or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list: (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE: **KONINKLIJKE PHILIPS ELECTRONICS N.V.**

(B) RESIDENCE (CITY and STATE OR COUNTRY): **BINDHOVEN, THE NETHERLANDS**

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted: <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Publication Fee (No small entity discount permitted) <input type="checkbox"/> Advance Order - # of Copies	4b. Payment of Fees: (Please first raptly any previously paid issue fee shown above): <input type="checkbox"/> A check is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 14-1270 (enclose an extra copy of this form).
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5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature /LARRY LIBERCHUK/
 Typed or printed name **LARRY LIBERCHUK**

Date **MARCH 8, 2007**
 Registration No. **40,352**

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